

CRIMINAL JUSTICE ACT PANEL APPLICATION
WESTERN DISTRICT OF OKLAHOMA

I. Identification:

Name:

(Last) (First) (Middle Initial)

Office Address, including name of firm:

Office Telephone and Facsimile: _____

Cellular Phone: _____

E-mail Address: _____

Social Security Number
____-____-____

II. Legal Education:

What law degree(s) have you received? Specify the law school and the date the degree was received. (E.g., J.D., OCU, 1975).

III. Law Licenses:

- A. Identify the states in which you are currently admitted to practice law, including the date of admission. (E.g., Oklahoma, 1975).
- B. Identify all federal courts in which you are currently admitted to practice, including the date of admission.

IV. Legal Experience:

- A. Describe the nature of your present practice. Include the dates of such practice and the names of the attorneys with whom you practice.

B. Describe the nature of your past practice if different than in subpart “A”. Include the addresses and dates of your past practice and identify the attorneys with whom you practiced.

C. Indicate by number your criminal trial experience. (Use approximations if necessary):

Trials in Federal Courts: _____

Trials in State Courts: _____

Guilty Pleas & Sentences in Federal Courts: _____

Guilty Pleas & Sentences in State Courts: _____

D. Indicate by number your civil trial experience. (Use approximations if necessary):

Trials in Federal Courts: _____

Trials in State Courts: _____

E. For your last five criminal trials, provide: (1) the court and trial judge; (2) case name and number; (3) date(s) of trial; and (4) name, address and telephone number of opposing counsel.

1. Do you consent to contact by the CJA Committee to the judge and your opposing counsel regarding your representation in these cases?

Yes _____ No _____

F. Identify the federal district judges and magistrate judges before whom you have tried a case or cases. (Indicate criminal cases with the marking “CR”).

G. If you have argued case(s) before a federal appellate court, provide the citation(s) of the opinion(s). If unpublished, provide the case number(s) and briefly describe the case(s).

H. Describe any specific experience, training, or interest you have in criminal law.

V. If you are chosen as a member of the Criminal Justice Act Panel, will you allow attorneys seeking membership in the Panel to observe you in court and will you be available to give guidance to those attorneys?

Yes _____ No _____

VI. Do you understand that your application is not considered confidential and that the appointees may be removed from Panel membership without cause or notice?

Yes _____ No _____

VII. Do you understand that the Criminal Justice Act will not provide indemnification for any claims arising as a result of your representation of a CJA client:

Yes _____ No _____

VIII. Do you have malpractice insurance?

Yes _____ No _____

If "No", are you willing to accept appointment under these circumstances?

Yes _____ No _____

IX. With respect to your legal practice, has a final adjudication or other finding ever been made by any Bar Association, Ethics Committee, Court, or other judicial or quasi-judicial body concerning your ethics or any other disciplinary matter?

Yes _____ No _____

X. Are you enrolled for electronic filing and equipped to participate?

Yes _____ No _____

If your response was in the affirmative, please explain fully and completely each such finding.

XI. Provide the name, address, and telephone number of at least three references with substantial knowledge regarding your credentials for panel membership:

XII. State with specificity all training and experience that you have had with the federal sentencing guidelines:

XIII. State any other information that you want us to know, including but not limited to any law-related publications or honors:

I hereby certify that the above information is true and correct.

Date: _____

Attorney

Return promptly by
conventional mail, fax
or email to:

Susan M. Otto
Federal Public Defender
Suite 109 Old Post Office Bldg.
215 Dean A. McGee Avenue
Oklahoma City, Oklahoma 73102
Susan.Otto@fd.org
405-609-5932 (fax)